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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: NAOAKI KOMIYA ET AL.)
SERIAL NUMBER: 09/671,856) Group Art Unit:
FILED: September 27, 2000) 2674
FOR: ACTIVE MATRIX TYPE)
ELECTROLUMINESCENCE)
DISPLAY DEVICE) Before the Examiner:
Nguyen, Kimnhung T

AMENDMENT

Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

In response to the Office Action mailed August 13, 2002, Applicant requests reconsideration in view of the following amendment and remarks for entry in the above-identified application.

YKI-0050
09/671,856

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)Applicant(s): **NAOAKI KOMIYA ET AL.**

Docket No.

YKI-0050

Serial No.

09/671,856

Filing Date

9/27/2000

Examiner

K. NGUYEN

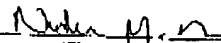
Group Art Unit


2674Invention: **ACTIVE MATRIX TYPE ELECTROLUMINESCENCE DISPLAY DEVICE**

I hereby certify that this

AMENDMENT*(Identify type of correspondence)*is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. **1-703-872-9314**)

on

NOVEMBER 12, 2002*(Date)***NIDIA M. DERAS***(Typed or Printed Name of Person Signing Certificate)*
*(Signature)***Note: Each paper must have its own certificate of mailing.**

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No.	
Applicant(s): NAOAKI KOMIYA ET AL					YKI-0050	
Serial No. 09/671,856	Filing Date 9/27/2000	Examiner K. NGUYEN		Group Art Unit 2674		
Invention: ACTIVE MATRIX TYPE ELECTROLUMINESCENCE DISPLAY DEVICE						
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	2 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
 Signature			Dated: NOVEMBER 12, 2002			
LISA A. BONGIOVI REGISTRATION NO. 48,933 CUSTOMER NO. 23413 (860) 286-2929						
cc:						
<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p><p style="text-align: center;">Signature of Person Mailing Correspondence</p><p style="text-align: center;">VIA FACSIMILE</p><p style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</p></div>						